DATENT ADDI ICATION SEE DETERMINATION								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								_	09	93	-49	04	
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	O TUAN	
ΓŦ	OTAL CLAIMS	0 9	(Column 1) (C					TYPE		OF	OTHER THAN SMALL ENTIT		
- 22								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC F	EE 355.0	OF	BASIC FE	F 710.00	
TOTAL CHARGEABLE CLAIMS			22. minus 20=		٠ ي			X\$ 9-	18	OF		1	
i	DEPENDENT (		minus 3 =					X40=		٦	X80=	<del> </del>	
М	JLTIPLE DEPE	NDENT CLAIM I	RESENT						<del>- </del> -	-OR	700=	╂	
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	]	
								TOTAL	373	OR	TOTAL		
CLAIMS AS AMENDED - PART II										<b>-</b> .	OTHER	THAN	
_		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
<b>ENT A</b>		REMAINING AFTER AMENDMENT		NUME PREVIO	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	. 21	Minus	. 2	2	. —		X\$ 9=		OR	X\$18=		
¥	Independent FIRST PRESE	ENTATION OF M	Minus ULTIPLE DE	Minus		*		X40=		OR	X80=		
								+135=		OR	+270≈		
•	مل ال		200 Paid			L	TOTAL			TOTAL			
	) /16/Q	(Column 1)		(Column 2) (Column 3)				ADDIT. FEEOH ADDIT. FEE					
AMENOMENT B		CLAIMS REMAINING		HIGHE	EST		Г	<u> </u>	ADDI-	7 1		4001	
	,.	AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	. 25	Minus	. 2	/	= 4		X\$ 9=	150	OR	X\$18=	1 15 64	
AM	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEI	PENDENT	CLAIM	-		X40=		OR	X80=		
							L	+135=	. 12	OR	+270=		
								TOTAL OIT, FEE	150	OR ,	TOTAL ODIT. FEE		
		(Column 1)		(Colum		(Column 3)							
ME L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ir Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•	Minus	**		•		X\$ 9=	ree	OR	X\$18=	FEE	
	Independent	•	Minus	***		•	-	X40=		-			
	PRINCE PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4U=		OR	X80=		
+135=										OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT, FEE		
Ť	he "Highest Num	ber Previously Paid	For (Total or	independen	ess undir I) is the	highest number	found	in the app	ropriate bo				

FORM PTO-875 (Rev. 8/00)

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